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Jun-18-2004 11:57 From-COZEN O'CONNOR

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FROM: Brian L. Belles TIMEKEEPER NO.: 1763
SENDER'S PHONE: 215.665.7244 SENDER'S FAX: 215.701.2044
OF PAGES (INCLUDING COVER): 10 FILE NAME: AKRION LLC
DATE: June 18, 2004 FILE #: 108430.023

RECIPIENT(S)	PHONE	FAX
USPTO - Frankie Stinson		703 872-9306

MESSAGE: Serial No. 10/053,449
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Filed: Jan. 17, 2002

FOLLOWING PLEASE FIND: Transmittal Form, Amendment on 8 pages, making a total including this fax cover sheet of 10 pages

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/053,449
	Filing Date	Jan. 17, 2002
	First Named Inventor	Bottos
	Art Unit	1746
	Examiner Name	Frankie L. Stinson
Total Number of Pages in This Submission	Attorney Docket Number	108430.023

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

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Firm or Individual name	Brian L. Belles
Signature	<i>Brian L. Belles</i>
Date	6/18/04

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<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2004</h2> <p style="text-align: center;"><i>Effective 10/01/2003. Patent fees are subject to annual revision.</i></p>		Complete if Known		
		Application Number	10/053,449	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	Jan. 17, 2002	
		First Named Inventor	Bollos	
		Examiner Name	Stinson	
		Art Unit	1748	
TOTAL AMOUNT OF PAYMENT (\$)		52	Attorney Docket No.	108430.023

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-1275 Deposit Account Name: Cozen 'Connor The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued) 3. ADDITIONAL FEES																																																																																																																																																																																																																																					
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Total Claims: 24 -23 ** = 1 X 9 = 9 Independent Claims: 4 -3 ** = 1 X 43 = 43 Multiple Dependent: X = 0 <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>2202</td> <td>18</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>2201</td> <td>86</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>2203</td> <td>290</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>2204</td> <td>86</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>2205</td> <td>18</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td></td> <td>(\$) 52</td> </tr> </tbody> </table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1202	2202	18	9	Claims in excess of 20		1201	2201	86	43	Independent claims in excess of 3		1203	2203	290	145	Multiple dependent claim, if not paid		1204	2204	86	43	** Reissue independent claims over original patent		1205	2205	18	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$) 52																																																																																																																																																																																												
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Brian L. Bollos	Registration No. (Attorney/Agent)	51.322
Signature	<i>Brian L. Bollos</i>	Telephone	215 665-7244
		Date	6/18/04

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